

**Before the  
Federal Communications Commission  
Washington, D.C. 20554**

In the Matter of:

Notice of Proposed Rulemaking (NPRM)	)	
Regarding the Universal Service Support Mechanism	)	WC Docket No. 02-60
For Rural Healthcare	)	

**Reply Comments of the Health IT Now Coalition**

The Health IT Now Coalition (HITN, or Coalition) is pleased to submit these reply comments in response to the Notice of Proposed Rule Making on the Universal Support Mechanism for Rural Health Care. We believe the FCC has an opportunity to advance broadband adoption and to expand the use of health information technology in rural areas that will improve access, quality and lower health costs.

The Health IT Now Coalition ([www.healthitnow.org](http://www.healthitnow.org)) is a broad-based group with a singular focus: promote the adoption and use of health information technology (HIT) to improve care quality and outcomes and to reduce costs. We are comprised of more than 60 organizations that represent almost every aspect of the health care community.

Our reply comments are organized into seven parts:

- I. General Overview
- II. Health Infrastructure Program
- III. Expanding List of Providers
- IV. Cap on Fund
- V. Interoperability
- VI. eCare Incentives
- VII. Innovation Pilots

**I. General Overview**

HITN applauds the efforts of the Federal Communications Commission to develop a comprehensive National Broadband Plan to improve access to, and the quality of, advanced telecommunications technology and services throughout the country. The success of this initiative will have a profound impact on healthcare in America.

Developing a national broadband plan is a critical step in improving and modernizing our health care system. Broadband deployment will help promote a secure nation-wide system of health information exchange, lower the costs of treatment, improve access to scarce providers and reduce medical errors. Patients in un-served, underserved and rural communities will benefit from telemedicine, receiving care from registered nurses and doctors without the additional complications or costs of traveling great distances to access care.

The National Broadband Plan will provide new opportunities if high-speed broadband Internet is deployed quickly, fairly, and effectively. We have outlined several areas of interest to the Health IT Now Coalition that we hope you will consider as you work to report your plan to Congress.

For these reasons, the Health IT Now Coalition has long supported financial incentives that enhance access to capital and funding to expand adoption and use of health IT. We also support nationwide, interoperable standards for the exchange of health information. We believe a solid broadband plan that promotes capital and assists the development and use of nationwide interoperability standards is critical.

## **II. Health Infrastructure Program**

The FCC seeks comment on how dedicated broadband networks would be used by eligible providers for health IT to improve or provide health care delivery. Health IT refers to information driven health practices and the technologies that enable them. The FCC specifies that health IT includes billing and scheduling systems, e-care, electronic health records, telehealth and telemedicine.

HITN agrees with this definition. We encourage the FCC to apply a broad definition when reviewing applications for infrastructure funds. Billing systems provide information for data analytics that can help improve patient identification, treatment and population health. Practice management systems supported by a broadband network can help ease access problems as demand for services increases with population growth and the number of insured rises.

## **III. Expanded List of Eligible Providers**

The FCC has proposed expanding support to off-site administrative office and data centers, and to not-for-profit skilled nursing facilities and renal dialysis centers. HITN supports these expansions. The FCC has requested comment on how to distinguish facilities that are primarily providing custodial care in a nursing setting and in recognizing entities for rural support, renal dialysis centers and facilities that provide life preserving ESRD treatment to at least 51 percent of its patients. HITN suggests using the Medicare definition in recognizing SNFs and renal dialysis centers for purposes of the rural support programs.

The HITN Coalition has been very supportive of the development and implementation of the meaningful use programs. We note that program is not restricted to not-for-profit entities. It recognizes that most providers, particularly small and rural providers, are for profits. We also note the Medicare and Medicaid programs are not restricted to not-for-profit providers.

We understand the FCC is limited in use of the funds for these types of providers, but suggest the FCC program is out of synch with the other major federal programs that are providing incentives to for profit and not-for-profit providers to adopt and use health information technology. We call on the FCC to support statutory changes that rectify this discord and to uniformly support all types of providers use technology to improve care and lower costs.

#### **IV. Cap on Fund**

HITN supports the FCC proposal to reform the RHC fund within the existing \$400 million budget for the fund, allocating \$100 million to infrastructure grants and \$300 million to ongoing support. Keeping the program capped at existing levels is a sensible approach. Demand for RHC support has historically been far below the program cap. The Commission's pilot program for RHC fund infrastructure projects caused demand to inch up in recent years, but the program still distributes less than \$70 million per year. In light of historic demand for RHC fund support and the Commission's commitment in the National Broadband Plan to manage the overall Universal Service Fund (USF) so that its total size remains close 2010 levels, we believe maintaining the current RHC fund budget is appropriate. In addition, as the Commission recognizes there are many competing priorities for USF broadband dollars that will put pressure on efforts to keep the amount that consumers must pay for the fund in check. Therefore, if after further RHC fund reforms are implemented demand for program support still remains below the cap, the Commission should not view that outcome as a failure.

#### **V. Interoperability**

HITN recommends the FCC assign priority and fund applications that demonstrate interoperability for the Rural Health Care Support program. HITN believes that the health system will not work well if systems are not interoperable because information sharing will be suboptimal. As HHS and the private sector pursue initiatives to foster clinical health information exchange, we encourage the FCC to promote these efforts by supporting interoperability as a high priority in the applications it supports.

#### **VI. eCare Incentives for Consumers**

Health care delivery innovation is making strides forward in the area of eCare services, defined as services delivered through electronic devices outside of office or facility visits between a patient, family member, caregiver and a medical professional. In the Patient Protection and Affordable Care Act (PPACA), Congress created powerful incentives to expand the use of eCare through payment and delivery reforms. A few examples include:

- Independence at Home Demonstration Project, which seeks to leverage technology and remote monitoring to assist patient care in the home.
- Medicare Shared Savings Program, better known as Accountable Care Organizations, that are required to coordinate care, including through mechanisms such as telehealth, personal connected health and other enabling technologies.
- Center for Medicare and Medicaid Innovation that may test models that support care coordination through a health IT enabled-provider network that includes care coordinators, a chronic disease registry, and home telehealth technology and may consider whether a model under review uses technologies like EHRs and remote monitoring systems, to coordinate care over time and across settings.

To assist the viability of these new models, providers and patients need access to health information technology enabled by broadband service. Considering improved health, potential cost savings and taxpayer dollars are at stake, we suggest the FCC also consider the impact of the revised rural support mechanisms in the context of the consumer perspective and these payment and delivery models.

## **VII. Innovation Pilots**

The FCC has requested comment on whether some of the rural health funding should be allocated to fund innovative ideas for evaluating existing broadband efforts. The FCC has also requested comment on what amount should be set aside for this purpose.

We believe the FCC should assist in innovative ideas for expanded use and application of broadband. HITN supports setting aside a portion of the funds available for rural support to test these ideas, and that the FCC should support multiple ideas through multiple projects. Funding should be allocated to the projects to ensure the demonstrations are meaningful and so that valid conclusions and lessons learned can be produced from their testing. We suggest the budget for each application for an innovation pilot be judged based on the merit of the project and that total funding for the projects does not take away from the core mission of the rural support programs.

## **Conclusion**

HITN appreciates the opportunity to provide these comments to you regarding the Notice of Proposed Rule Making on the Universal Support Mechanism for Rural Health Care. We look forward to working with the Commission to ensure rural health support mechanisms promote better health and lower costs.

Sincerely,

Joel C. White  
Executive Director  
Health IT Now Coalition